

**LOT LINE ADJUSTMENT APPLICATION FORM**  
**ALTON PLANNING BOARD**  
**ALTON, NH**

Date Received: \_\_\_\_\_

Case #: \_\_\_\_\_

Fees Paid: \_\_\_\_\_

**PARCEL #1:**

OWNER(S) OF RECORD: \_\_\_\_\_

\_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

TAX MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ ZONING OF PARCEL: \_\_\_\_\_

SITE IN ACRES: \_\_\_\_\_ SQUARE FEET: \_\_\_\_\_

NUMBER OF LOTS TO BE ADJUSTED: \_\_\_\_\_

FRONTAGE ON WHAT ROAD(S): INCLUDE NEW ROAD NAME IF APPLICABLE:

\_\_\_\_\_

**PARCEL #2:**

OWNER(S) OF RECORD: \_\_\_\_\_

\_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

TAX MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ ZONING OF PARCEL: \_\_\_\_\_

SITE IN ACRES: \_\_\_\_\_ SQUARE FEET: \_\_\_\_\_

NUMBER OF LOTS TO BE ADJUSTED: \_\_\_\_\_

FRONTAGE ON WHAT ROAD(S): INCLUDE NEW ROAD NAME IF APPLICABLE:

\_\_\_\_\_

WATER MUNICIPAL: \_\_\_\_\_ PRIVATE WELL: \_\_\_\_\_

AGENT OF THE OWNER(S) OR CONTACT PERSON:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

WAIVERS REQUESTED: YES \_\_\_\_\_ NO \_\_\_\_\_

*NOTE: ALL WAIVERS MUST BE REQUESTED IN WRITING TO THE PLANNING BOARD AND ACCOMPANY APPLICATION.*

SPECIAL EXCEPTION OR VARIANCE GRANTED BY THE ZBA: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PROVIDE THE APPLICABLE DATE(S): \_\_\_\_\_

THIS PLAN REPRESENTS AN AMENDED PLAN: YES \_\_\_\_\_ NO \_\_\_\_\_

DATE OF CONCEPTUAL CONSULTATION, IF ONE: \_\_\_\_\_

DATE OF DESIGN REVIEW, IF ONE: \_\_\_\_\_

FEE: \$75.00.00 \_\_\_\_\_ NEWSPAPER NOTICE: \$60.00 \_\_\_\_\_

\$5.00 PER APPLICANT, ABUTTER, AGENT, ETC.: \_\_\_\_\_

\$10.00- FOR OWNER NOTIFICATION

I/WE CONSENT TO ALLOW THE ALTON PLANNING BOARD OR ITS REPRESENTATIVE TO MAKE ON-SITE INSPECTION(S) OF MY/OUR PROPERTY AS DEEMED NECESSARY FOR THE EVALUATION OF MY/OUR LOT LINE ADJUSTMENT APPLICATION.

I/WE UNDERSTAND ALL INFORMATION REQUIRED BY REGULATION MUST BE SUPPLIED, OR A WRITTEN WAIVER REQUEST MUST ACCOMPANY THE APPLICATION. NONCOMPLIANCE IS GROUNDS FOR DENIAL (RSA 676:4).

PARCEL 1:

SIGNATURE OF OWNER(S) \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF AGENT \_\_\_\_\_ DATE \_\_\_\_\_

PARCEL 2:

SIGNATURE OF OWNER(S) \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF AGENT \_\_\_\_\_ DATE \_\_\_\_\_